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ABSTRACT

This document was written to help school officials and staff in implementing local comprehensive chemical dependency prevention programs. It presents guidelines which are meant to encourage the development of comprehensive written policies regarding chemical use, abuse, and dependency. Some basic information about chemical use and abuse is included to help school officials appreciate and use the guidelines. The guidelines are presented in five parts. Part I deals with chemical abuse by school employees and includes a 12-point sample employee policy. Part II concerns chemical use and abuse by students. This part contains a statement of principles for developing student policy and presents a balanced approach of disciplinary action and voluntary referral. Part III discusses adoption of appropriate policies for students, describing the review, approval and dissemination, and monitoring phases involved in the policy adoption. Part IV presents a sample student policy for elementary and secondary schools. It contains sections on rules, roles of school staff, chemical use and abuse by students, and the role of a student assistance team. Part V presents sample administrative procedures and includes junior high and high school administrative procedures, elementary administrative procedures, and sections on chemical use and abuse by students at school functions and the violation of liquor enforcement laws on serving minors. Twenty-eight references are included. (NB)

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# GUIDELINES FOR DEVELOPING

ED296238

CG 020928

**Division of**
**Alcohol and Drug Education Services**
**Bureau of Instruction**
**Maine Department of**
**Educational and Cultural Services**

# Guidelines for Developing Chemical Health Policies and Procedures

Prepared by
Bruce P. Spang

Division of Alcohol and Drug Education Services
Bureau of Instruction
Maine Department of Educational and Cultural Services

November, 1987

John R. McKernan, Jr.
Governor

Eve M. Bither
Commissioner

DEPARTMENT OF
EDUCATIONAL AND CULTURAL SERVICES
Telephone (207) 289-5900

Alcohol and other drug abuse is a problem that pervades the fabric of education and creates a barrier which inhibits academic and social achievement. When school districts are able to take a strong stand against the use of alcohol and other drugs and to assist students and adults who seek help, they take a great stride toward making the school environment a place that nurtures, protects and educates all children.

These guidelines show how a school can demonstrate its commitment to drug-free schools by setting up thoughtful policies and procedures. By letting the faculty, students and parents know exactly what will happen if a person is caught using drugs, the school sets clear limits on acceptable behaviors. The school that informs the faculty, students and parents about its willingness to assist those who need help breaks the "no talk" rule about the use and abuse of chemicals.

It is my belief that the more we can do to create a school environment that is free of drugs, the better our ability to increase academic achievement and raise student aspirations.

Eve M. Bither

EVE M. BITHER, COMMISSIONER
Department of Educational and
Cultural Services

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## Preface

The Maine Department of Educational and Cultural Services, through the Division of Alcohol and Drug Education Services, has developed eighty-seven school and community teams since August 1979. These local teams have actively encouraged school administrative units to implement the "Elements of a Comprehensive Chemical Dependency Prevention Program." The elements begin with education and awareness on the disease of chemical dependency, which includes a two-day in-service workshop designed for teachers and other school employees. To date, seventy school administrative units have conducted such a program.

In addition to these workshops, the division highlights the need for school board members or boards of directors to understand the dynamics and progression of chemical dependency and the impact of this disease on their staff and students. With this information, local school boards or boards of directors can make knowledgeable decisions on policy matters and can work with administrators on implementing procedures for managing chemical use, abuse and dependency issues. This represents step two of the "Elements of a Comprehensive Chemical Dependency Prevention Program" and is the primary focus of this publication.* Additional elements include: climate, support groups, student awareness, curriculum, staff development, and modeling.

This publication is the product of efforts by members of the division, other staff members in the department, and members of school administrative units that have developed chemical health policies. It is intended to provide helpful information to school officials and staff persons in implementing their local comprehensive chemical dependency prevention programs.



* See bibliography

## Introduction

What do you do when a student comes to school drunk or stoned? What do you do when a student tells you about a "friend" who has a drinking problem? Or a drug problem? What do you do when a student admits he/she has a chemical abuse problem? What do you do when an employee's job performance is being affected by his/her drinking or other drug-taking? What do you do if it's a teacher, a bus driver, a principal?

Every school has policies to handle alcohol and other drug problems among students and employees. Some policies are written and are consistently and fairly applied. They include disciplinary measures as well as responses to medical problems and needs. Even when policies are unwritten, there is still a response by the school system to alcohol and other drug problems. At best, unwritten policies result in **ad hoc** and inconsistent responses to the problems, actions at the whim of a particular administrator. The absence of carefully stated policy, standards and procedures creates uncertainty among students — and employees — as to how these problems will be handled, either from a disciplinary or a preventive standpoint. Unwritten policies suggest the absence of any policy at all, an abdication of a school role in managing alcohol and other drug problems. When school staff members do not know what to do, they may understand the unwritten policy to be, "It's not our business; we don't have to do anything."

By having written policies, a school administrator formally articulates to parents, students and teachers the role of schools in alcohol and other drug prevention.

These guidelines are meant to encourage the development of comprehensive written policies regarding chemical use, abuse and dependency. The underlying belief is that such policies will, in turn, encourage early intervention by responsible parents, school employees and medical personnel. Early intervention can prevent more serious chemical abuse and dependency problems with long-term and, perhaps, fatal consequences.

These guidelines are coded to conform to the National School Boards Association Policy Coding System.** (The system used by the Maine School Management Association.) Some local units have developed their own policy coding system.

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**Consult *The School Administrator's Guide to the EPS/NSBN System*, 1975 revised edition for a free explanation of the codes and description which are used. They are briefly: GBCBA, Chemical Abuse by Employees; JFCI, Drug Abuse by Students; JFCIA, Student Assistance Team; JFCI-R, Drug Abuse by Students; JHCE, Medical Emergencies; IGDJ, Interscholastic Activities; JFCI-B, Referrals; and JFCIC, Chemical Use and Abuse by Student at a School Function.

*Facts About Chemical Use and Abuse*

Some basic information about chemical use and abuse will help school officials appreciate and use these guidelines.

- Alcohol and other drug abuse is considered among the top three major health problems in the United States, costing the State of Maine an estimated $577 million a year;
- Eight percent of Maine's adults are chemically dependent, including a percentage of school personnel who have problems with their use of chemicals;
- Twelve percent of all students, or approximately 11,580 students, have serious problems with their use of alcohol and other drugs; October 1986 enrollment (public and private)

| | |
|---|---|
| Elementary | 150,532 |
| Secondary | 71,065 |
| | 221,597 |

12% of all students: 26,592

or

12% of all secondary students: 8,528

- An estimated one in three children in Maine — or 73,127 students — is directly affected by the chemical dependency of his/her family members;
- Fifty-five percent of all juvenile offenses in Maine involve alcohol and other drug use; and
- Ninety percent of the youth incarcerated at the Maine Youth Center are diagnosed as having serious alcohol and other drug related problems.

## Guidelines For Developing Chemical Health Policies and Procedures

**I. Chemical Abuse by School Employees** File: GBCBA

Chemical abuse by school employees may cause personal and professional problems depending on the extent of the abuse. This may come to the attention of the school administrator through resultant effects on the classroom or other professional duties or the willingness of an employee to face the problem.

A school administrator's primary concern is job performance, not the diagnosis of a chemical problem. Referral for diagnosis and subsequent treatment is based on an employee's job performance. A policy established by local administrators, school boards or boards of directors governs the way that declining job performance is managed.

The C.A.P.E.* school and community team in Bath, Maine, helped to develop a policy for employees of their school system and the city. A sample of the employee policy is included as follows:

***Sample Employee Policy***

1. The School Board recognizes that alcoholism/drug dependency and other emotional/psychological problems are treatable and has designed and implemented a program to address these problems for the benefit of its employees and the City.
2. The School Board has a concern and responsibility when an employee's alcoholism/drug dependency or other emotional problems adversely impacts upon job performance.
3. Persons who suspect that they may have alcoholism/drug dependency or other emotional problems, even in its early stages, are encouraged to voluntarily seek diagnosis and to follow through with the treatment that may be prescribed by qualified professionals, in order to arrest the condition as early as possible.
4. Any person having alcoholism/drug dependency or other emotional problems will receive the same careful consideration and offer of treatment that is presently extended under existing policy to all those having any other adverse (health) condition.
5. Benefits and insurance coverage shall be provided to employees for alcoholism/drug dependency and other emotional disorders as specified in current health insurance policies.
6. This statement of policy as it specifically relates to alcoholism is not concerned with social drinking, but rather with the disease of chemical dependency itself. The concern is limited to those

*Chemical Abuse Prevention and Education Team

instances of chemical dependency which affect the job performance of the individual. The policy is designed solely to achieve restoration of health and full recovery.

7. It will be the responsibility of all management and union personnel to implement the policy and to follow the procedures which have been designed to assure that no person with alcoholism/drug dependency or other emotional problems will have either job security or promotional opportunities jeopardized by a request for diagnosis and treatment.
8. Neither supervisors nor other representatives have qualifications to diagnose alcoholism/drug dependency or other emotional problems. Therefore, referral for diagnosis and treatment will be based on job performance.
9. This is a voluntary assistance program. The decision to request diagnosis and accept treatment for alcoholism/drug dependency or other emotional problems is the personal responsibility of the individual.
10. The confidential nature of the records of individuals with alcoholism/drug dependency or other emotional problems will be strictly preserved.
11. Persons getting assistance will be expected to meet existing job performance standards and established work rules.
12. Nothing in the above statement of policy is to be interpreted as constituting a waiver of management's responsibility to maintain discipline, or the right to take disciplinary measures within the framework of agreements or the code of the school district in the case of misconduct that may result from alcoholism/drug dependency or other emotional problems.

**II. Chemical Use and Abuse by Students** File: JFCI-R

Student chemical use and abuse create severe problems for schools. With five to fifteen percent of all secondary school students likely to use alcohol and other drugs daily — and the trend toward increasing numbers of elementary students using regularly — schools are confronted with a serious health problem.

Students with chemical abuse problems are highly visible and troublesome. They act out and drop out. They are referred for behavioral disorders. Even after suspension, they are still associated with the school. Adolescent users call attention to themselves and their problems and then defy the best attempts to help.

By the time students break school rules, the danger is that they are so out of control that schools have little recourse except severe disciplinary action. However, these students — and their problems — do not go away.

Suspension of students may temporarily solve the problem for a school, but only shifts the problem to another agency, typically the juvenile justice system or human service system.

### A. Statement of Principles for Developing Student Policy

Several principles underlie the guidelines offered to school officials as they develop and implement policy to prevent or manage chemical use and abuse problems in their student population.

First, schools alone are not responsible for solutions to problems of chemical use, abuse or dependency. Schools are one of the most effective places to combat chemical abuse problems but can do so only with the support of the community and with the collaboration of experienced chemical abuse treatment providers. Chemical abuse problems experienced by students are influenced by a wide range of social conditions; they must be responded to by all the responsible community agencies. These guidelines attempt to define the school's role in this complex problem.

Second, the use and abuse of alcohol and other drugs create a barrier to academic and social achievement. As schools learn how to better manage chemical abuse problems, the potential for learning increases.

Third, any school policy on chemical abuse must find a balance between aid to students with these problems and protection of other students, property and the school learning environment. Criminal and disruptive activity on the part of chemical abusers should not be tolerated and must be controlled. A chemical health policy, therefore, will include firm standards and prohibitions. Still, students need to be assured that the school will help them confront and overcome their chemical abuse problems. Students should feel that the school is a place free from chemical use or distribution and, equally, a place that is safe to ask for help for their use or abuse problems.

### B. A Balanced Approach: Disciplinary Action and Voluntary Referral

The goal of a chemical health policy is to assist students with chemical use and abuse problems as soon as possible. Typically school officials first encounter chemical problems when they have to take disciplinary action against students. The disciplinary action, as **What Works: Schools Without Drugs**[1] asserts, establishes clear and specific rules regarding chemical use that include corrective action. These corrective actions are often tedious, tense and time consuming, and involve only a small number of the students who have chemical problems.

[1] William J. Bennett, Secretary, *What Works: Schools Without Drugs*, United States Department of Education, Pueblo, CO. 1986.

If schools are to reach a greater number of students, disciplinary action must be balanced with other, more voluntary methods of referral. By encouraging and increasing the number of voluntary referrals, schools open the door to early intervention. Students, families and the school staff then refer students for help well before disciplinary action is necessary.

In some schools, as many as 62 percent of the voluntary referrals are made by the staff, 10 percent are made by students, and 23 percent are made by family members.[2] This shift of responsibility from school officials to those who first see the problem invites the students to seek help earlier. This serves to increase the likelihood of gaining cooperation from concerned persons in assisting more students.

## III. Adopting Appropriate Policies For Students

Policies need the support of different groups in the school to be effectively implemented. One way to solicit such support is to have the superintendent appoint a committee comprised of school and community members, elementary and secondary administrators, parents and direct service personnel such as guidance counselors, special education directors, chemical health coordinators or school nurses to review and recommend a new policy. This committee would start its work with a review of the present policy, make suggested modifications and then provide information and rationale to the school board for its approval.

### A. Review Phase

1. State and discuss problems and strengths of existing policy.
2. Develop a timeline and outline the steps that need to be taken to draft, review and submit the policy for approval.
3. Submit the draft policy to the school administrative unit's lawyer to review and to assure that it complies with state and federal laws.

### B. Approval and Dissemination Phase

1. Have the superintendent submit the policy to the school board
2. Disseminate the policy to the school staff, students and parents.
3. Train staff on their role in taking disciplinary action and assisting in a voluntary referral.
4. Notify students of the school rules on alcohol and other drugs as well as the option for voluntary referral.

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[2] Joseph A. Muldoon and James F. Crowley. *One Step Ahead: Early Intervention Strategies for Adolescent Drug Problems*. Minneapolis, MN Community Intervention, Inc., 1986.

### C. Monitoring Phase

1. Monitor the implementation of the policy to assess changes in student referrals and the effectiveness of administrative procedures.
2. Develop a mechanism to train new school staff members on the policy.
3. Review and update policy and procedures on a regular basis.

## IV. Sample Student Policy (Secondary/Elementary)

The policies of school administrative units in Skowhegan (MSAD #54) and the Oxford Hills (MSAD #17) area were used to prepare these guidelines. This sample policy should be adapted to the local board's own policy language and format. Local officials and a lawyer should carefully review it to determine how it reflects — or changes — current board policy.

### A. Rules

In school or at school-related functions, a student shall not use a beverage containing alcohol (regardless of the quantity); use tobacco; or use, have in possession, buy, sell or give marijuana or other substances defined by law as a drug or a look-alike drug. It is not a violation for a student to be in possession of a legally defined drug specifically prescribed for the student's own use by his/her doctor.

### B. Role of School Staff

File: JFCI-R

1. Disciplinary Action — Any staff member who has reasonable basis to suspect any student of possession, use or selling to another student of a prohibited substance has the responsibility to:
   a. Take whatever immediate action may be necessary to secure the health and safety of the involved student(s);
   b. If possible, using appropriate search and seizure procedures, obtain the alleged prohibited substance(s);
   c. Report the case immediately to the proper administrator.

   File: JFIA-JFCI-B, JCE, IGJ

2. Voluntary Referral — Any staff member who is approached by a student who is seeking help is expected to maintain the confidentiality of the student and to refer him/her to a member of the student assistance team. A staff member may respond to a student seeking help with a chemical dependency or abuse problem without being compelled to use the information in a disciplinary manner.

   All staff members should be aware of the distinction between those who are violating the law (disciplinary action) and those who are seeking help (voluntary).

**C. Chemical Use & Abuse by Students** File: JFCI

The school board recognizes that the use of mind-altering chemicals is a significant health problem for many students, resulting in negative effects on behavior, learning and the total development of each individual. Students' use and abuse of alcohol and other drugs also affect the development of skills related to participation in extracurricula activities. Familial chemical dependency problems, likewise, affect the learning of children and place them at high risk of developing chemical health problems.

Student health problems are primarily the responsibility of the parents or guardians. However, the school and community share in that responsibility because chemical health problems often affect learning and development.

The school board supports education and awareness activities for school pesonnel, students and parents. These educational programs cover chemical use and abuse problems, including the symptomology of chemical dependency and related problems affecting students.

The school board believes that a chemical health policy should include: (1) firm standards and prohibitions about the use and distribution of chemicals and (2) assurances to the students that the school will help them confront and overcome their chemical use and abuse problems.

Consequently, the school board is committed to offer a comprehensive chemical health program that addresses both primary and secondary prevention.

*Primary prevention* includes , yet is not limited to, those activities that focus on chemical health education, self-esteem, chemical-free alternatives, decision-making and coping skills.

*Secondary prevention* addresses early intervention, referral, follow-up and support services for students and families who may have chemical dependency problems.

**D. Role of The Student Assistance Team** File: JFCIA

The student assistance team is called upon to review the non-clinical assessment* and to make recommendations concerning cases of students with chemical health problems. The team will have responsibility for case decisions. It will be composed of individuals with multidisciplinary functions. Members will include an administrator, the student's guidance counselor, a chemical health coordinator, school nurse, at least one of the student's teachers

*The non-clinical assessment is an interview done with a student to open up discussion of a chemical health problem. (See bibliography)

and others, as deemed appropriate. One person shall be designated as the student's case manager.

## V. Sample Administrative Procedures

### A. Junior High/High School Administrative Procedures

File: JFCI-R

1. Disciplinary Action[1][2]
   a. Type one: Possession/Use[1][2]
      i. First offense
         1) verification
         2) administrator meets with student
         3) notify parents (if appropriate)
         4) restricted school day and/or suspension[2]
         5) appointment with chemical abuse counselor or student assistance team member
         6) follow recommendation of chemical abuse counselor
      ii. Second offense
         1) verification
         2) administrator meets with student
         3) notify parents
         4) notify superintendent and police, if appropriate
         5) suspend student for 5-10 days (with possible recommendation for expulsion)
         6) meet with chemical abuse counselor and/or student assistance team
         7) parents meet with administrator and chemical abuse counselor to develop a contract and determine the follow-up plan
         8) follow recommendation of chemical abuse counselor

*Note: If parents do not seek assistance for the student, notify Department of Human Services Child Protective Services that parents may be neglecting the health needs of child.*

**Student Health Emergencies** File: JHCE

[1] In the case of a medical emergency, the student will be referred to the school nurse, who will refer to the appropriate community resource. The school officials will follow disciplinary action upon the student's return to school.

**Inter School Athletics** File: IGDJ

[2] If on an athletic or school interscholastic team, the disciplinary action would be to suspend the student for two events (games), or for two weeks, whichever is greater, with suspension for the season on a second offense. Suspension would end with the completion of the season. However, students must finish the season in good standing to receive a letter. (See bibliography for more information on athletic policy.)

iii. Third offense
1) same as for second offense, steps 1-8
2) recommend to parents that student be referred for clinical evaluation of the problem

b. Type two: Furnishing/Selling

i. First offense
1) confiscate substance
2) administrator meets with student
3) notify parents/guardian
4) notify superintendent and police*
5) suspend for 5-10 days
6) recommend to parents that student be referred for clinical evaluation or consider long-term suspension and school board action (with possible recommendation for expulsion)

ii. Second offense
1) same as first offense, steps 1-6
2) recommend long-term suspension

2. Secondary School Voluntary Referrals File: JFCI-B

a. Type one — Concerned Person

i. Identify student assistance team (S.A.T.) members to whom staff members or students can refer a student that they suspect of having a chemical use problem for nonclinical assessment.
ii. Consult with the S.A.T. member and discuss concerns about student.
iii. S.A.T. member meets with the student to begin a nonclinical assessment.
iv. S.A.T. member may discuss the information with the student assistance team for recommendation.
v. S.A.T. member and student develop a plan of action.

b. Type two — Self-referral

i. Listen to the student's concerns and indicate the availability of a student assistance team.
ii. Consult with the S.A.T. team member about the student to determine the best way to proceed.
iii. Refer the student directly to the S.A.T. member.
iv. The S.A.T. member meets with the student to begin nonclinical assessment.

*Discuss with your local law enforcement and liquor enforcement officers how they would like to be involved in any disciplinary action.

v. The S.A.T. member may discuss the student's case with the student assistance team for further recommendations.
vi. The S.A.T. member and student develop an action plan.

**B. Elementary Administrative Procedures**

1. Disciplinary Action
   a. Type one: Possession/Use
      i. First offense
         1) verification
         2) administrator meets with student
         3) notify parents/guardian and superintendent
         4) meet with guidance counselor and/or student assistance team members
         5) refer to educational group
         6) disciplinary action, as appropriate
         7) recommend parents attend an educational group
      ii. Second Offense
         1) same as for first offense, steps 1-7
         2) in-school suspension
         3) notify police, if appropriate
         4) refer to Department of Human Services Child Protective Services
   b. Type two: Furnishing and/or Selling
      i. First offense
         1) confiscate substance
         2) administrator meets with student
         3) notify parents/guardian and superintendent
         4) meet with guidance counselor and/or student assistance team member
         5) refer to educational group
         6) recommend parents attend an educational group
         7) notify police
         8) refer to Department of Human Services Child Protective Services

2. Elementary School Voluntary Referral
   a. Type one: Concerned Person
      i. Discuss concern with student assistance team member
      ii. Notify administrator of incident and/or concern
      iii. Administrator meets with student
      iv. Notify parents (if appropriate)
      v. Encourage student to meet with chemical abuse counselor and/or student assistance team member
      vi. Follow recommendations of the chemical abuse counselor

vii. Refer student to an educational group

b. Type two: Self Referral
   i. Listen to concern
   ii. Refer to guidance counselor and/or student assistance team member
   iii. Administrator meets with student
   iv. Notify parents, when appropriate
   v. Follow recommendations of the student assistance team

**C. Chemical Use and Abuse by Student at a School Function**
**Procedures for School Functions** (Elementary and Secondary)
File: JFCIC

1. First offense
   a. Remove from the function and/or return to school grounds.
   b. Call parents or guardian to assume responsibility.
   c. Call police or sheriff's department to transport home, if parent cannot transport the child home.
   d. If the student must be driven home, have another adult assist in the process.
   e. Notify school administrator of incident.
   f. Administrator meets with the student.
   g. Student meets with chemical abuse counselor and/or student assistance team member.
   h. Student follows recommendations of chemical abuse counselor.
   i. Restricted school day and/or suspension.

2. Second offense
   a. Same as for first offense, steps a-i.
   b. Suspend for 5-10 days.
   c. Parents meet with administrator and chemical abuse counselor to develop a contract determining follow-up plan.

**D. Violation of Liquor Enforcement Laws on Serving Minors**

The South Berwick/Eliot (MSAD #35) school/community team site has implemented a school policy which is aimed at stopping student parties involving chemical use before they start. The policy states that when an administrator receives information regarding a student party where chemical use may occur, he/she must notify the appropriate authorities (i.e. Bureau of Liquor Enforcement). Because the administrator **must** report any such party he/she may be aware of, the concern of possibly reporting a friend or neighbor is avoided. The administrator's job is to notify proper authorities. Another approach the administrator may take is to call the parent,

inform them of the liquor laws and the rumored party and advise them that the authorities will be notified. This will allow parents to take action to cancel the party.

***Sample Policy:***

The (MSAD #35) board is committed to keeping students chemically free and to supporting state laws which strictly forbid the sale or distribution of alcohol and other drugs to minors. When the administration becomes aware of information that is not consistent with the discouraging of substance abuse among students — and when they specifically learn of student parties and other functions where abuse may occur, it is the position of the board that this information should be shared with the appropriate authorities and agencies.*

*For further information contact the Consultant on Teen Drinking, Drugging and Driving, Division of Alcohol and Drug Education Service, 289-3876.

## Conclusion

With a policy in place, the school takes a large step toward creating a safe environment to assist adolescents and adults with chemical health problems. The policy, however, is only one of the steps in setting up a comprehensive chemical dependency prevention program. The policy and procedures let the students and adults know of the intentions of the school to act. School administrators must make a commitment to stand behind the words with peer programs, support groups, student awareness programs, curriculum and ongoing chemical-free events and other climate building activities. A comprehensive alcohol and other drug prevention program takes two to five years to build. It demands that administrators, school boards, staff, students and parents recognize that a strong commitment to prevention is worth the time and expense. It means that a generation of children who are now called "at risk" can grow up in an environment where they are not at risk but are capable of meeting their full social and educational potential.[3]

[3] Margie Moeller, *Our Troubled TEENS: Generation At Risk*, Chemical People II, WQEDI Pittsburgh for The Public Television Outreach Alliance and Metropolitian Life Foundation, January, 1987.

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## Division of Alcohol and Drug Education Services Resource Material:

*Pamphlets:*

**Chemical Dependency Prevention and Education Audiovisual Catalog.** Division of Alcohol and Drug Education Services, 1986.

**Elements of a Comprehensive School Based Chemical Health Prevention Program.** Division of Alcohol and Drug Education Services, 1986.

*Booklets:*

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**Sports, Alcohol and Other Drug Prevention Programs.** Bruce Spang and the Sports Alcohol and Other Drug Prevention Task Force. Division of Alcohol and Drug Education Services, 1987.

**Non-Clinical Assessment Packet.** Division of Alcohol and Drug Education Services, 1986.

## School Policy Material:

**Building Drug-Free Schools: An Educator's Guide to Policy, Curriculum, and Community Consensus.** American Council for Drug Education, Rockville, MD, 1987.

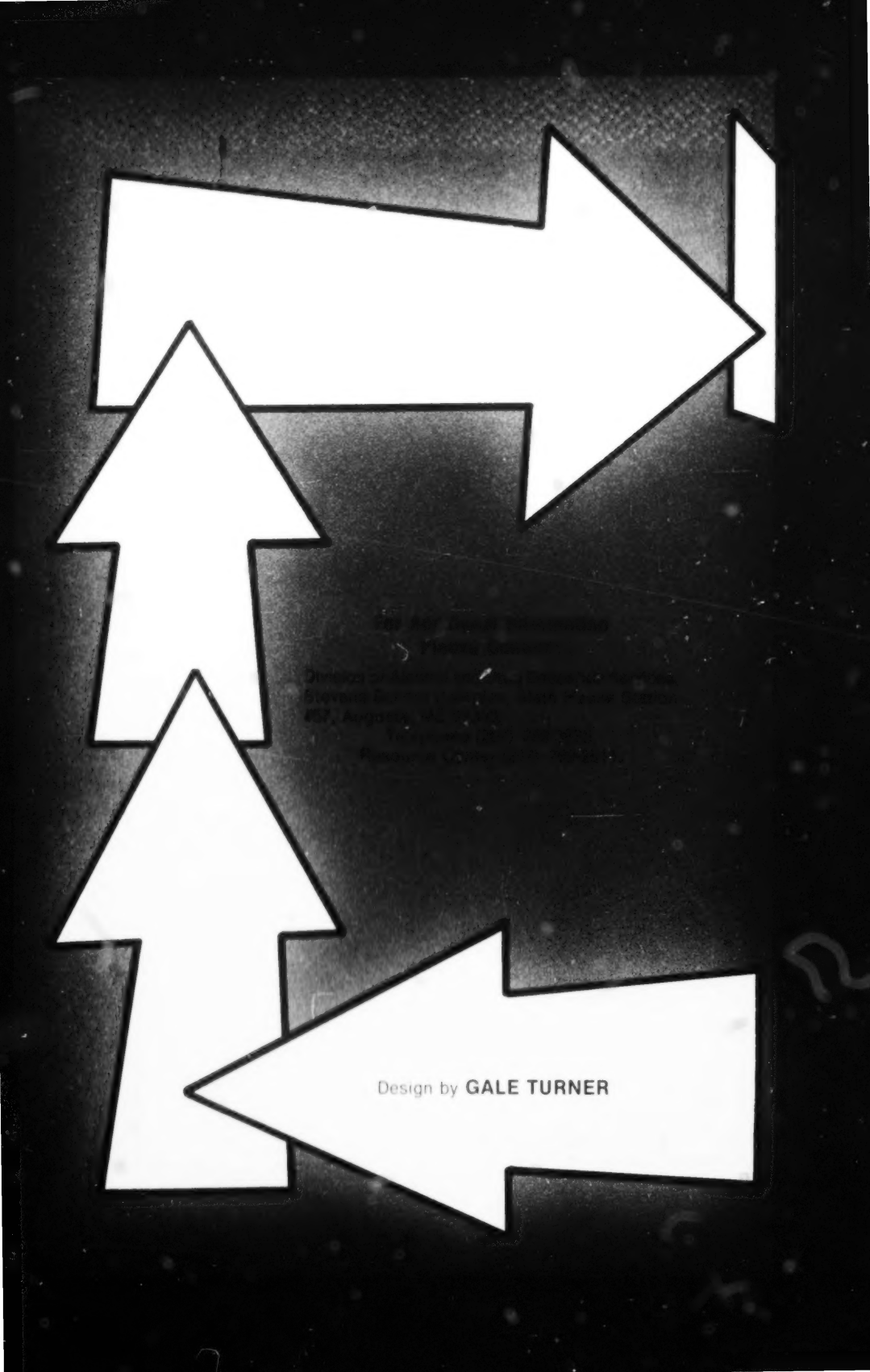
**No Smoking: A Board Member's Guide to Nonsmoking Policies for Schools.** National School Boards Association, Alexandria, VA.

**Rights and Responsibilities: A Guide for Students, Parents and School Staff.** Department of Educational and Cultural Services, Augusta, ME, 1986.

**School Health Manual.** (statutes, rules, forms and recommendations addressing the three components of comprehensive school health). Published cooperatively by the Maine Department of Educational and Cultural Services and the Maine Department of Human Services, 1986.

**Sample Policies.** (sample alcohol and drug related policies). Maine School Management Association (MSMA), Augusta, ME.

**For further information, contact the Division of Alcohol and Drug Education Services, Stevens School Complex, State House Station #57, Augusta, ME 04333; telephone (207) 289-3876, Resource Center (207) 289-2511.**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